Arizona Medical Board

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FINAL MINUTES FOR OFFICE BASED SURGERY STAKEHOLDER MEETING
Held at 9:00 a.m. on July 16, 2005
9545 E. Doubletree Ranch Road · Scottsdale, Arizona

Office Based Surgery Committee Members
William R. Martin III, M.D.
Ram R. Krishna, M.D.
Douglas D. Lee, M.D.

Call to Order
William R. Martin III, M.D., Chair, called the meeting to order at 9:00 a.m.

Roll Call
The following Board members were present: William R. Martin III, M.D., and Ram R. Krishna, M.D. The following Board member was absent: Douglas D. Lee, M.D.

Staff Members Present
The following Staff members were present: Timothy C. Miller, J.D.

Call to the Public
The following stakeholders were present for the Call to the Public:

Mark Leib, M.D., J.D., Arizona Society of Anesthesiologist
Jeff Mueller, M.D., Arizona Society of Anesthesiologist
Stacey Gaus, Arizona Association of Nurse Anesthetist
Larry Lanier, American Academy of Dermatology
Ron Caniglia, M.D., American Academy of Facial Plastic an Reconstruction Surgery
Jack Confer, Arizona Board of Osteopathic Examiners

Timothy Miller, JD, stated that David Landrith and Chic Older of ArMA wished to attend but could not on such short notice. Dr. Leib stated that he had spoken to David Landrith about this meeting and would discuss the meeting with him later.

Stakeholder Comments

Timothy C. Miller, J.D., read comments submitted by Mary Griffith, MN, RN. Ms. Griffith suggested the monitoring requirements for both moderate and deep sedation be the same. Dr. Martin suggested discussing this issue at the next Office Based Surgery subcommittee meeting.

Ms. Griffith also recommended replacing the language “adequate oxygenation” with “ventilation – adequate airway.” Stakeholders discussed the recommendation and agreed that it was important, but believed the concerns were adequately addressed by other provisions in the rules.

Ms. Griffith submitted the Arizona Board of Nursing advisory opinion on Conscious Sedation for Diagnostic and Therapeutic Procedures. The subcommittee members agreed to review this opinion at their next subcommittee meeting.

Mr. Miller read comments submitted by Joel Brill, M.D. that suggested inserting “safe and” before the word “orderly” in R4-16-704(A)(2). The subcommittee members agreed to consider this issue at their next meeting.

Dr. Brill recommended clarifying who can qualify as a licensed health care professional responsible for monitoring a patient in R4-16-702(3)(b). Stakeholders discussed the recommendation and agreed that the language may need amending to require a “licensed and qualified” professional to monitor a patient, in addition to the physician who performs the procedure.

Dr. Brill suggested adding “properly functioning” before the word “equipment” in R4-16-707(1). Stakeholders discussed the suggestion and also discussed whether a list of required equipment should be included.

Mark Leib, M.D., J.D., Arizona Society of Anesthesiologists, discussed the need for definitions of minimum, moderate, and deep sedation. He believes the definition should be based upon the patient’s responsiveness. Dr. Leib submitted definitions created by the American Society of Anesthesiologists. The committee members agreed to discuss this issue at their next subcommittee meeting.

Dr. Leib recommended that the use of Propofol be prohibited, except by a trained professional which would include a nurse or Anesthesiologist. Dr. Leib pointed out that this agent is dissimilar to all other agents, and its intended use is for general anesthesia. William Martin III, M.D. and Ram Krishna, M.D. discussed difficulties involved in excluding a drug by trade name, and the need to develop a category or a classification of drugs to be excluded. Jeff Mueller, M.D. read a joint statement by the AANA and the ASA regarding the use of Propofol.

Dr. Leib discussed the possibility of deleting R4-16-703(B)(5).

Stakeholders discussed eliminating carbon dioxide monitoring and replacing it with EKG, pulse oxemetry, and blood pressure monitoring. Stakeholders suggested titling R4-16-703 to state general anesthesia and major nerve block. Stakeholders also discussed the complications involved with major nerve block and that it may require the same type of monitoring as general anesthesia. The committee members agreed to discuss this issue at their next committee meeting.

Dr. Leib discussed the need for an FIO2 monitor on oxygen supplies. This issue will be brought to the next subcommittee meeting for discussion.

Larry Lanier, M.D., explained that there have been instances in the past where at certain levels, the use of local and topical anesthetics have created toxicity problems. Mr. Lanier does not believe it requires regulation but suggested looking at New Jersey’s regulatory language. Stakeholders discussed that a complete exception for local and topical anesthetics may not be in the public’s best interest. The committee members agreed to discuss this issue at their next meeting.

Dr. Martin explained that the rules and any amendments would be brought to the Board in August. After Board approval, the committee would solicit more input from the stakeholders, file the rules, and hold formal public meetings.

The meeting adjourned at 11:15 p.m.

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Timothy C. Miller, J.D., Executive Director